DETERMINANTS REASONS OF UNMET NEED FOR FAMILY PLANNING OF CHILDBEARING AGE COUPLES IN ACEH, INDONESIA

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ABSTRACT

According to IDHS in 2017, the percentage of unmet need planning in Indonesia reach 10.6%. Unmet need planning in Aceh is 14.25% from 23 districts. There are several factors that are thought to be related to the occurrence of unmet need family planning, including the number of children, knowledge, role of officers, husband's support, use of mass media and access to health facilities. To determine the factors that influence the reasons of unmet need for family planning of childbearing age couples in Aceh, Indonesia. This research method is analytic with a cross sectional. The sample in this study is PUS that do not use contraception in Public Health Center of Darul Imarah, Aceh, Indonesia. Total sample is 201 childbearing age couples. Data collection is used questionnaires. Statistical test used is logistic regression test. Factors related to the reasons for unmet need family planning are the number of children (p-value= 0.000; OR=45.33), knowledge (p-value=0.037; OR=2.01), husband's support (p-value=0.049; OR=1.94), and access to health facilities (p-value=0.049; OR=1.92). The most dominant factor related to the reason of unmet need for family planning is the number of children ≤2 people (p-value=0.000; OR=34.83; 95%CI: 8.85–136.97) The number of children is related to the reason for unmet need planning, so it is hoped that mothers can plan number of children and space pregnancies using contraception.

KEYWORDS: Access to health facilities, husband's support, knowledge, number of children, reason unmet need planning

Key Messages:
This article provides information about the factors related to the reasons for the occurrence of unmet need for family planning, this study was specifically conducted on women who did not use family planning.

INTRODUCTION

The world's population reaches 7.3 billion people which consist of 195 countries. The Republic of Indonesia is in ranks fourth with population approximately 255 million people or about 3.5% of the world's population (1). Total population of Indonesia from 2025 to 2050 is estimated increase 303.8 million people (2). The rate of population growth itself is influenced by three main factors, namely death, migration, and births. One of the ways to overcome this high population growth is by regulating pregnancy with the Family Planning program. The government has made efforts to socialize this family planning program to the community. However, the use of contraception in Indonesia only reaches 64% of married women aged 15-49 years (2). Many couples of childbearing age (EFA) have not used contraception yet even though they still need the contraception which is called unmet need (3).

The percentage unmet need planning in Indonesia in 2017 reaches 10.6%, in which 4.1% space births and 6.5% limit births. The percentage unmet need planning in Aceh in 2012 was decreased 14% in 2017 to 12.3%. Women's participation in decision making affects the incidence of unmet need planning. The percentage of married women with unmet need for family planning is highest in the 45-49 age group (14%) (2).

The high number of unmet needs is also caused by various factors including education level, knowledge level, husband's support and information of side effects (4,5). Meanwhile, according to research in Karnataka, India, unmet need is influenced by age and number of children. Age, income, previous contraceptive failure, number of children affect unmet need (6). In addition, knowledge and parity affect the incidence of unmet need planning. Knowledge of family planning tools/methods is an important thing as a consideration before using them. Information on knowledge and use of family planning tools/methods is needed to measure the success of Family Planning and Family Development Program (7). The unmet need for family planning among married women that has not been fulfilled yet in Indonesia is not much different between education level and wealth quintile (2).

In addition, during the COVID pandemic, people are encouraged to stay at home to reduce the spread of the COVID virus (8). It can limit mother to access to family planning services. However, is this factor one of the factors associated with the incidence of unmet need planning? For this reason, this study aims to determine the factors that influence the reasons of unmet need for family planning of childbearing age couples in Aceh, especially during covid-19.

METHODS
Research Design
This research is a quantitative analytic study with a cross sectional design. The collection of determinant data related to the unmet need for family planning is carried out at a certain time. This study is conducted in Public Health Center of Darul Imarah, Aceh, Indonesia.

Population and Sample Research

The population in this study were all couples of childbearing age who did not use contraception in the area of Public Health Center of Darul Imarah, Aceh. The sample in this study was couple of childbearing who did not use contraceptives who visited the health center for examinations. Sampling technique used was accidental sampling which was taken from July 1 to August 10, 2021. The number of samples in this study was 201 people.

Research Variables and Instruments

In this study, data collection is used questionnaires. To reduce data bias, data collection is also checked from the public health center register notebook The explanation of the questionnaires are as follow:

Characteristics of respondents

The data measured included maternal age (based on last birthday), last education, mother's occupation, husband's age (based on last birthday), husband's education, and husband's occupation.
Reasons for Unmet Need for Family Planning

The reason for the Unmet Need for Family planning is the reason for couples of childbearing age that has not been fulfilled for using contraception. The reason for unmet need for family planning is measured by 1 question, namely "What is your reason for not using contraception for the current number of children?". The reasons for unmet need for family planning are categorized into 2, namely want to have children but prefer to delay it, do not want to have more children.

Knowledge

Knowledge is all the understanding that couple of childbearing age knows about contraception. Knowledge was measured by a questionnaire which consisted of 18 true false statements. Knowledge is categorized into 2, namely high (if $x \geq 12.96$) and low (if $x < 12.96$). The cut of point used to determine the knowledge category is the average value of 12.96.

The role of health workers

The role of health workers in providing information and supporting mothers to use contraception. The role of health workers was measured by questionnaire with 5 questions. The role of health workers is categorized into 2, namely role (if $x \geq 3.17$) and less role (if $x < 3.17$). Cut of point used to determine the role category of health workers is the average value of 3.17.

Husband's Support

Husband's support is support and approval for respondent to use contraception. Husband's support was measured using a questionnaire which consisted of 16 questions. Husband's support is categorized into 2, namely supportive (if $x \geq 9.28$) and less supportive (if $x < 9.28$). The cut of point used to determine the husband's support category is the average value of 9.28.

Utilization of Mass Media

Utilization of mass media is the use of mass media by mothers to obtain information related to contraception. The use of mass media was measured by using a questionnaire which comprise of 4 questions. Utilization of mass media is categorized into 2, namely utilizing (if x ≥ 1.31) and underutilizing (if x < 1.31). The cut of point used to determine the category of mass media utilization is the average value of 1.31.

Access to Health Facilities

Access to health facilities is the ease to access health facilities during the Covid-19 pandemic to obtain contraception. Access to health facilities was measured by using a questionnaire which consist of 5 questions. Access to health facilities is categorized into 2, namely obstructed (if x < 2.45) and unobstructed (if x ≥ 2.45). The cut of point used to determine the category of access to health facilities is the average value of 2.45.

Data Analysis

Data analysis in this study used logistic regression test for bivariate analysis and multiple logistic regression test for multivariate analysis. The variables included in multivariate analysis were variables which is in bivariate analysis with p value of <0.25. Data analysis was carried out using the STATA version 13 application.

RESULTS

Table 1 explains that the age of the mother in the category >35 years is 19.90%. Mother's education with the basic category as much as 20.90%. Mothers who do not work as much as 95.52%. Husband's age in the category >35 years was 53.73%. Husband's education with the basic category as much as 10.95%. Husbands who work as much as 100.0%.

The number of children in category <2 children was 27.86%. Mother's knowledge about family planning in poor category was 31.34%. The role of health workers with no role category was 67.66%. Husband's support in the less supportive category was 54.73%. Utilization of mass media in the category of underutilization is 63.18%. Access to health facilities in the obstructed category was 44.78%. Mothers who have unmet need for family planning in the category of not wanting more children are 25.37% (see Table 1.)

Table 1. Distribution of Respondents' Characteristics, Independent Variables and Dependent Variables

No.	Variable	f	%
Characteristics of Respondents			
1	Mother's Age 20-35 Years >35 Years	161 40	80.10 19.90
2	Mother's Education Height Intermediate Base	21 138 42	10.45 68.66 20.90
3	Mother's Occupation Work Does not work	9 192	4,48 95,52
4	Husband's Age 20-35 Years >35 Years	93 108	46.27 53.73
	Husband 's Education Height Intermediate Base	36 143 22	17.91 71.14 10.95
6	Husband's occupation Work Does not work	201 0	100.0 0.0
Independent Variable			
7	Number of Children >2 Children 2 Children	145 56	72.14 27.86
8	Knowledge High Low	138 63	68.66 31.34
9	Roles of Health workers Role Less role	65 136	32.34 67.66
10	Husband's Support Support Less Support	91 110	45.27 54.73

No.	Variable	f	%

11	Utilization of Mass Media
	    Utilizing
	    Underutilizing
		74
		127
			36.82
			63.18

12	Access to Health Facilities
	    Unobstructed
	    Obstructed
		111
		90
			55.22
			44.78

Dependent Variable			

13	Reasons of Unmet need for Family Planning
	    Want to have Children but Delay
	    Don't Want to have More Children
		150
		51
			74.63
			25.37

f=Frequency

Table 2 explains that the characteristics related to the reasons for unmet need for family planning are maternal age (p-value=0.000; OR=63.4; 95%CI: 21.76 – 184.92), mother's with basic education (p-value=0.029; OR=5.84; 95% CI: 1.19 – 28.51), husband's age (p-value=0.000; OR=24; 95%CI: 7.14 – 80.58), and education husband's (p-value = 0.001; OR=7.25; 95% CI: 1.18 – 24.02).

Table 2. Correlation of Respondents Characteristics and Independent Variables with Unmet need for Family Planning

No	Variable	Reasons of Unmet need for Family Planning				OR (95% CI)	P-value[a]
		Want to have Children but Delay		Don't Want to have More Children			
		f	%	f	%		
	Respondents Characteristics						
1	Mother's Age						
	20-35 Years	145	90.06	16	9.94	Ref	
	>35 Years	5	12.50	35	87.50	63.4 (21.76 – 184.92)	0.000
2	Mother's Education						

No	Variable	Reasons of Unmet need for Family Planning				OR (95% CI)	P-value[a]
		Want to have Children but Delay		Don't Want to have More Children			
		f	%	f	%		
	Height	19	90.48	2	9.52		
	Intermediate	105	76.09	33	23.91	2.98 (0.66 – 13.49)	0.155
	Base	26	61.90	16	38.10	5.84 (1.19 – 28.51)	0.029
3	Mother's Occupation						
	Work	9	100.0	0	0.00	Ref	
	Does not work	141	73.44	51	26.56	1	Omitted
4	Husband's Age						
	20-35 Years	90	96.77	3	3.23	Ref	
	>35 Years	60	55.56	48	44.44	24 (7,14 – 80,58)	0,000
5	Husband 's Education						
	Height	29	80.56	7	19.44	Ref	
	Intermediate	113	79.02	30	20.98	1.09 (0.43 – 2.75)	0.839
	Base	8	36.36	14	63.64	7.25 (1.18 – 24.02)	0.001
6	Husband's occupation						
	Work	150	74.63	51	25.37	Ref	
	Does not work	0	0.0	0	0.0	1	Omitted
	Independent Variables						
7	Number of Children						
	>2 Children	136	93.76	9	6.21	Ref	
	2 Children	14	25.00	42	75.00	45.33 (18.31 – 112.17)	0.000

No	Variable	Reasons of Unmet need for Family Planning				OR (95% CI)	P-value[a]
		Want to have Children but Delay		Don't Want to have More Children			
		f	%	f	%		
8	Knowledge						
	High	109	78.99	29	21.01	Ref	
	Low	41	65.08	22	34.92	2.01 (1.04 – 3.90)	0.037
9	Roles of Health workers						
	Role	48	73.85	17	26.15	Ref	
	Less role	102	75.00	34	25.00	0.94 (0.47 – 1.84)	0.860
10	Husband's Support						
	Support	74	81.32	17	18.68	Ref	
	Less Support	76	69.09	34	30.91	1.94 (1.002 – 3.78)	0.049
11	Utilization of Mass Media						
	Utilizing	54	72.97	20	27.03	Ref	
	Underutilizing	96	75.59	31	24.41	0.87 (0.45 – 1.67)	0.681
12	Access to Health Facilities						
	Unobstructed	89	80.18	22	19.82	Ref	
	Obstructed	61	67.78	29	32.22	1.92 (1.01 – 3.65)	0.046

[a] Logistic regression Test;
OR=Odds Ratio, CI=Confidence Interval; Ref=Reference; f=Frequency

Based on Table 2. also explained that the factors related to the reason for unmet need for family planning are the number of children (p-value=0.000; OR=45.33; 95%CI: 18.31 – 112.17), mother's knowledge (p-value=0.037; OR=2.01; 95%CI: 1.04 – 3.90), husband's support (p-value=0.049; OR=1.94; 95%CI: 1.002 – 3.78) and access to health facilities (p-value=0.049; OR=1.92; 95% CI: 1.01 – 3.65).

Table 3. Most Dominant Factors with Unmet need for Family Planning

No	Variable	AOR	95% CI	P-value[a]
1	Number of Children; >2 Children	44.16	17.02 – 114.60	0.000
2	Mother's low knowledge	1.29	0.49 – 3.36	0.596
3	Husband's less support	2.33	0.90 – 6.00	0.080
4	Unobstructed Access to Health Facilities	1.19	4.69 – 3.02	0.714

[a]Multiple Logistic regression Test;

AOR=Adjusted Odds Ratio, CI=Confidence Interval

Table 3. shows that the results of the most dominant factors related to reasons for unmet need for family planning, namely the number of children 2 people with an AOR=44.16, which means that mothers with 2 children have a 44 times chance of not wanting more children compared to the number of children >2 people.

Table 4. Most Dominant Factors with Unmet need for Family Planning Adjusted Characteristics of Respondents

No	Variable	AOR	95% CI	P-value
1	Number of Children; >2 Children	34.83	8.85 – 136.97	0.000
2	Mother's low knowledge	1.008	0.30 – 3.38	0.989
3	Husband's less support	2.81	0.81 – 9.71	0.102
4	Unobstructed Access to Health Facilities	1.69	0.51 – 5.56	0.381
5	Mother's Age >35 Years	23.26	5.36 – 100.93	0.000
6	Mother's Intermediate Education	0.21	0.02 – 1.73	0.150

No	Variable	AOR	95% CI	P-value
7	Mother's Base Education	0.18	0.01 – 1.87	0.154
8	Father's Age >35 Years	6.32	1.36 – 29.27	0.018

[a] Multiple Logistic regression Test;

AOR=Adjusted Odds Ratio, CI=Confidence Interval

Table 4. shows that the results of the most dominant factor related to the reason for unmet need planning after adjusting the respondent's characteristics, namely the number of children 2 people with an AOR=34.83, which means that mothers with 2 children have a 35 times chance of not wanting more children compared to the number of children >2 people.

DISCUSSION

The most dominant factor related to the reason for unmet need of family planning has adjusted to respondent's characteristics with number of children 2 people and AOR 34.83. It means that mothers with ≤2 children have 35 times chance of not wanting more children compared to mother with number of children >2 persons.

This study is in line with the study in Indonesia which showed that there was a relationship between the number of children and the incidence of unmet need planning (p=0.002) (9). Likewise other research which showed the number of children was statistically related to the incidence of unmet need for family planning (p=0.001) (10).

Research in Burundi showed that the number of living children was found to be the main predictor of unmet need planning with [AOR=0.017 (0.002-0.132), [AOR=0.172 (0.12-0.266)] for two to three children and four to five children, and [AOR=0.521 (0.385-0.705)] for women with zero to one child, compared to women with 6+ surviving children (11). The research in Ethiopia also showed the number of children at first use of contraceptive increased once probability compared with own decision making for contraception acceptor (AOR=1.1 [95% CI: 1.03-1.19]) (12).

Couple of childbearing age with number of children ≤2 want to add more children. The number of live children they have affects Couple of childbearing age not to use contraception. They consider their children are lack or still few so that raise the desire to have more offspring. Although the impact is not large compared to if the number of children is large and they do not use contraception (13).

The husband's desire for having a number of children is also related to the incidence of unmet need planning (14). Every child owned by a married couple will be consideration to decide whether they want to limit or space the birth (15). The decision about the number of children is parents' right, but

parents must also consider their ability to fulfil the children' right. The ideal number of children for family planning is two children. In contrary, there are still many families who think that the more children, the more sustenance. Children are considered as an investment for a family (16).

Besides the number of children, another factor related to the reasons for unmet need for family planning is knowledge. Knowledge of contraception is needed by mothers as a source of information and consideration. Women of childbearing age can choose contraception that are suitable for themselves and can be accepted by their partners, if they have extensive knowledge. With good and correct knowledge about contraception, someone can make a decision to use contraception that is suitable their needs. Sufficient knowledge of contraception can reduce the risk of unmet need occurrence, on the other hand, if the knowledge is lack, the risk of unmet need is also higher (17).

Women with low knowledge have 7 times more likely experiencing unmet need in family planning compared to women with high knowledge. Having knowledge about contraception methods and discussion are very helpful for health worker to meet needs (18).

Husband's support is also related to reasons for unmet need for family planning. Similar to some research that showed that there was a relationship between the husband's support and the incidence of unmet needs planning (19–22). Husband's consent is one of the socio-cultural variables that greatly influences the use of contraception for women as wives specifically, and family in general (23).

There is husband's support related to the incidence of unmet need planning. Husband's support can influence wife's behaviour. If the husband does not allow or support, then the wives will tend to follow the decision and only a few wives who dare to keep using contraception. Behaviour is formed through a certain process, and takes place in human interaction with the environment (24).

During the COVID-19 pandemic, access to health facilities is a factor that is also related to the reason for the unmet need for family planning. Women who have less access to family planning services have 2.27 chance of experiencing unmet need compared to those who have access (95% CI: 1.95-2.64) (9). Other research also which shows that there is a relationship between access to health facilities and unmet need in family planning (25).

Access is an opportunity to get the proper health services as their needs. Access can be seen from resources and user characteristics. Factors related to access to health facilities can be seen in terms of price issues, transportation times and waiting times. This is more specifically responded than of characteristics' problems of the socio-economic community such as income, transportation facilities and leisure time.

Factors that influence health services are environmental factors which is viewed from the relationship between the health care system and the external environment, and the characteristics of the supporting

factors (predisposing factors), enabling factors (enabling factors) and needs factors (needs). These factors will affect the pattern of health behaviour which consists of individual health choices and the use of health services. Mothers who have full access to health facilities are associated with the possibility of experiencing unmet need planning (26).

Environmental factors such as COVID-19 forced people to stay at home, so mothers could not access health facilities. In fact, the results of previous studies show that access to health facilities is related to the unmet need family planning (25). The Ministry of Health has also published a guide book for family planning services during the pandemic so that services can continue and safe for patients and providers with various adjustments relevant to the prevention of COVID-19.

Researchers assume that there is a relationship between access to health facilities and unmet need for family planning because during the COVID-19 period, people had difficulty in accessing health facilities due to social distancing. In addition, mothers are not dare to visit the health center to get family planning services because of being afraid of infected with COVID-19.

CONCLUSION

Factors related to unmet need for family planning are the number of children (p-value= 0.000; OR=45.33), knowledge (p-value=0.037; OR=2.01), husband's support (p-value=0.049; OR=1.94), and access to health facilities (p-value=0.049; OR=1.92). Factors that were not related to the unmet need for family planning were the role of health workers (p-value=0.860; OR=0.94) and the use of mass media (p-value=0.681; OR=0.87). The most dominant factor related to unmet need for family planning is the number of children 2 people with AOR=34.83, which means that mothers with ≤2 children have 35 times probability of not wanting more children compared to mother with the number of children >2 persons. The number of children is related to the unmet need for family planning, so it is hoped that mothers can plan the number of children and space pregnancies by using contraception.

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